

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>041584670</u>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2	/						52				/		
3		/					53				/		
4		/					54				/		
5		/					55				/		
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42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50							100						
TOTAL IND.	9		8				TOTAL IND.						
TOTAL DEP.	40		44				TOTAL DEP.						
TOTAL CLAIMS	49		52				TOTAL CLAIMS						